



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID MEMO

TO: All Inpatient Acute and Inpatient Freestanding
Psychiatric Service Providers, and Managed Care
Organizations Participating in the Virginia Medical
Assistance Programs

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services

MEMO: Special

DATE: 2/ 4 /2008

SUBJECT: Introduction of New Fax Form to Request Prior Authorization for Acute Inpatient
Psychiatric Care Services and Freestanding Inpatient Psychiatric Care Services --
Concurrent Review Only

The purpose of this memorandum is to provide information to Acute and Freestanding Inpatient Psychiatric Service Providers who request concurrent review through Medicaid's Prior Authorization (PA) contractor, Keystone Peer Review Organization (KePRO).

Effective March 1, 2008 all acute and freestanding inpatient psychiatric service providers must use the new Inpatient Psychiatric Continued Stay Fax Form (DMAS 362-A) attached to this memorandum when requesting a continued psychiatric stay. This form will clearly define the request as a continued stay, which will assist in making the processing of the request easier. This form must be submitted each time a continued stay is requested.

For initial admission requests, providers must continue to submit the DMAS 362 (Inpatient Prior Authorization Form). Please **do not** submit the DMAS 362 (Inpatient Prior Authorization Form) for continued stay requests.

Helpful Tips for Quickest Processing

Following are additional tips to expedite the processing of your request.

- Providers are encouraged to use the editable versions of the DMAS 362-A (Inpatient Psychiatric Continued Stay Review Form) for submission of your inpatient psychiatric continued stay request. This form and instructions for use are located under "forms" on KePRO's website <http://dmas.kepro.org> and at www.dmas.virginia.gov under Prior Authorization.

- Whenever possible and practical, fax one case at a time. When multiple faxes are submitted at one time through the fax machine, pages sometimes are omitted and all of the required information is not received.
- Focus on the individual's "Severity of Illness" and "Intensity of Service" related to the additional inpatient psychiatric dates of service being requested.
- Fill out the form completely providing the contact information on page 2 of the form. This will enable KePRO to contact you if there are questions regarding your submission.
- Direct questions or concerns regarding a specific case and/or the new Inpatient Psychiatric Continued Stay Review Form (DMAS 362-A) to KePRO's customer service personnel at (804)-622-8900 or toll free at 1-888-827-2884.
- Select the PA Service Type 0401 (Inpatient Psychiatric in Acute Care) or the PA Service Type 0093 (Inpatient Freestanding Psychiatric Care) to expedite your continued stay request.
- Submit requests **prior** to the expiration of the assigned length of stay. Untimely submission could cause a denial of part or all of the service requested.

Resource Information

- Use the DMAS 362-A (Inpatient Psychiatric Continued Stay Review Form) for submission of your continued stay psychiatric inpatient request. This form and instructions for use are located under "forms" on KePRO's website <http://dmas.kepro.org> or at www.dmas.virginia.gov/pr-prior_authorization.htm.
- Questions regarding the prior authorization process may be submitted via e-mail to providerissues@kepro.org or PAUR06@dmas.virginia.gov. Do not send PHI by e-mail unless it is sent via a secure encrypted e-mail submission.
- All other Medicaid provider issues not related to prior authorization should be addressed through the Provider Helpline. The numbers are 1-800-552-8627 if you are located out-of-state or 804-786-6273 if you are located in Richmond.

KePRO Contact Information

You may contact KePRO through the following methods:

iEXCHANGE: <http://dmas.kepro.org/>

Toll Free Phone: 1-888-VAPAUTH (1-888-827-2884)

Local Phone: (804) 622-8900

Fax: 1-877-OKBYFAX (1-877-652-9329)

Mail: 2810 N. Parham Road, Suite 305,
Richmond, VA 23294

Provider Issues: ProviderIssues@kepro.org

DMAS and KePRO Website Resources

The following resources are available on the DMAS and KePRO websites:

1. iEXCHANGE Registration information
2. ICD9 diagnosis codes, outpatient rehab and home health revenue codes, and radiological scan procedure codes
3. Recent PA provider training presentations
4. Prior Medicaid Memos
5. PA Fax Request Forms and Instructions
6. PA Reference Guides
7. KePRO "Insider" Provider newsletter

Alternate Methods to Obtain PA, Eligibility and Claims Status Information

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access prior authorization information including status via iEXCHANGE at <http://dmas.kepro.org/>.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at: www.dmas.virginia.gov/pr-provider_newletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.

KePRO Inpatient Psychiatric Continued Stay Review

Submit fax request for Continued Stay to: 1-877–OKBYFAX (877-652-9329).

1. PA Number (if available): 11 digits (ex.12345678901)	2. Date of Continued Stay Request:
3. Enrollee Last Name:	4. Enrollee First Name:
5. Case ID Number: 9 digits with dashes (ex. 07000-0000)	6. Enrollee Medicaid ID Number: 12 digits (ex. 123456789012)
7. Facility Name & ID Number:	8. Original Admission Date For This Stay: (mm/dd/yyyy) _____/_____/_____ Last date of service reviewed (mm/dd/yyyy) _____/_____/_____
9. Number of Days being requested (i.e. 5)	10. Corresponding Dates (i.e. 10-01-07 thru 10-05-07) From (mm/dd/yyyy) Thru (mm/dd/yyyy) _____/_____/_____ - ____/____/_____
11. PA Service Type: <input type="checkbox"/> 0093 EPSDT Freestanding Psychiatric Facility <input type="checkbox"/> 0401 Acute Inpatient Psychiatric	
12. Severity of Illness / Safety Risks / SI / HI :	

KePRO Inpatient Psychiatric Continued Stay Review

13. Intensity of Service / Medication Changes / Adjustments:

14. Changes to Treatment Plan:

15. Other:

1. Contact Name: _____

2. Contact Telephone Number: _____

3. Contact Fax Number: _____

KePRO Inpatient Psychiatric Continued Stay Review

INSTRUCTIONS FOR ELECTRONIC FAX FORM

www.dmas.kepro.org

www.dmas.virginia.gov

1. **Include Prior Authorization Number (if this available)**
2. **Date of Continued Stay Request** - this will be the date you are submitting the Continued Stay to KePRO.
3. **Enrollee Last Name**
4. **Enrollee First Name**
5. **Case ID Number** – from iExchange or your fax back notification
6. **Enrollee Medicaid ID Number**
7. **Facility Name & ID Number**
8. **Original Admission Date** – for this stay enter the date the patient was admitted to your facility for this stay.
9. **Number of days being requested (i.e. 5)**
10. **Corresponding Dates (i.e. 10-01-07 thru 10-05-07)**
11. **PA Service Type: 0093 0401**
12. **Severity of Illness / Safety Risk / SI / HI**
13. **Intensity of Service / Medication Changes / Adjustments** – list all changes and adjustments since the last review.
14. **Changes to Treatment Plan** – list all changes and additions to the patient's treatment plan.
15. **Other** – list any other reasons, circumstances, clinical indicators why this stay should be continued.